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# School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

## **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 11 Dawson 0206 Glendive Elem Elementary District Contract Daily # of Days Transported # # Shared Family's Name Rate 1 2069 No HART, TAMMY 2.00 DEINES, AMY 1 2070 No 5.25 1 2071 No JONAS, TIFFANY 4.00 REE, AMY 1 2072 5.05 No



2282

CO

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

# School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

DUE
<b>DATES:</b>

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

5.25

# 

# CERTIFICATION: The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District: District Level: High School District # Shared # Shared # Shared # Shared # Shared Family's Name Panily's Name P

#	#	Shareu	Family 8 Name	Kate	11 alispoi teu
CO	2042	Yes	VAN HORN, DELLA	0.75	
CO	2046	Yes	WITTMAYER, MARY LYNN	0.62	
CO	2049	Yes	ADAMS, TIM	1.30	
CO	2073	Yes	TENNANT, CHRISTIE	1.25	
CO	2074	No	SCHEITLIN, AMY	9.25	
CO	2075	No	STORTZ, TED & TARENA	9.25	
CO	2076	No	WADE, TERESA	1.50	
CO	2077	No	BASTA, DEE	6.50	
CO	2078	No	EDWARDS, David	9.25	
CO	2079	No	KREIMAN, ANGIE & GARY	9.25	
CO	2080	No	GOEBEL, LAURIE	11.00	
CO	2081	No	BARNICK, SANDY	4.50	
CO	2082	No	DeKAYE, BETTY LOU	2.00	
CO	2083	No	KUBESH, MARY L	6.75	
CO	2084	Yes	RAHR, KIM	1.30	
CO	2085	No	ROSENDALE, JEAN F	9.25	
CO	2086	No	ATWELL, SUSAN	3.75	
CO	2088	No	FERGUSON, LOIS	0.35	
		l			

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McCaffree, Dena

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# School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

### **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 11 Dawson 0215 Bloomfield Elem Elementary District Contract Daily # of Days Transported # Shared Family's Name Rate 30 2061 No ZIMDARS, NARY 3.00 30 2063 No WENGER, REBECCA 6.00 30 2064 No JOHNSON, BRITTNEY 2.00 2065 30 No FATZINGER, TOM 1.10 30 2066 BERUBE, VIRGINIA No 2.35 30 2067 No GREIMAN, CYNTHIA 4.50 30 WALKER, JULIE & SHAWN 9.25 2068 No



# **School District Claim for** State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

0.63

0.25

DUE
DATES

367

367

2046

2047

Yes

No

### **Second Semester** First Semester February 1 to County Superintendent May 10 to County Superintendent February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District: District Level: 0216 Lindsay Elem 11 Dawson Elementary District Contract Daily # of Days Transported # Shared Family's Name Rate 367 1308 No Kreiman, Gary & Andie 3.50 367 1610 No CORNELIUSEN, ERIC & DAWN 2.50 367 2037 BRODY, WILLIAM & DIANE No 4.00 2038 367 No EDWARDS, SUSAN 1.50 367 2039 SCHEITLIN, AMY No 3.50 367 2040 No SCHROEBER, TRISTY 1.75 367 2041 No STORTZ, TED & TARENA 3.50 367 2042 VAN HORN, DELLA 0.75 Yes 2043 GARPESTAD, MIKE & JONI 367 No 6.00 367 2044 No ERHART, NICHOLE 2.75 367 2045 No NAGLE, MARY 3.50

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WITTMAYER, MARY LYNN

WOLFF, MIKE & CAROL

PI

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

# School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

# Helena, MT 59620-2501 **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 11 Dawson 0227 Richey Elem Elementary District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 78J 1608 Yes JOHNSTON, MARLIN & AMILLA 0.25 1609 OLSON, TAMMY & ORLAN 78J Yes 0.38

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# School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

# **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 11 Dawson 0228 Richey H S **High School** District Contract Daily # of Days Transported # # Shared Family's Name Rate 2 1608 Yes JOHNSTON, MARLIN & AMILLA 0.25 2 OLSON, TAMMY & ORLAN 1609 Yes 0.37

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# **School District Claim for** State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

1.25

1.30

DUE
DATES

3

3

2073

2084

Yes

Yes

TENNANT, CHRISTIE

RAHR, KIM

### **Second Semester** First Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District: District Level: County: 11 Dawson 1193 Deer Creek Elem Elementary District Contract Daily # of Days Transported # # Shared Family's Name Rate 3 2049 Yes ADAMS, TIM 1.30 3 2050 No SHARBONO, GAYLE 2.50 3 2051 FROHLICH, KARLA No 2.30 3 2053 NEWTON, LAURENE & CLAY No 1.10 3 2054 GENTRY, HALLEE No 2.50 3 2055 No TEMPLE, VICKIE 3.00 3 2056 No WHITEAKER, JACKIE 4.00 3 2057 WHITEAKER, JACKIE No 1.00 3 2059 CLEEK, MICHELLE No 4.00 3 ERHART, PEGGY 2060 No 0.35